Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9/</u> 27/ <u>2010</u>	Address:	<u>W-23 @ 900 E.</u>	
Case #:	<u>24-31</u> 9 <u>35</u>		North Webster	
County:	<u>Kosciusko</u>		<u>Indiana</u>	
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	eheck all that apply) Hotel/Motel Open - No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, ctc) (check all that apply) Lithium/Ammonia Reaction(s): open air Red Phosphorous/Iodine Reaction(s): Flammable Solvents: open air Water Reactive Metal (Lithium): open air Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): open air Corrosive Acid: open air Corrosive Base: open air				
Other (item and location):				
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services		☐ Ephedrine ☐ Retail/Me ☑ Other: <u>LL</u>		
This report is to be faxed to the following agencies that serve the location:				
Health Depa	nent: <u>Tippiceanoe Twp.</u> artment: <u>Kosciusko County</u> etion Scrvice: <u>n/a</u>	Fax: <u>574-83</u> Fax: <u>(574) 3</u> Fax:	<u> 269-2023</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Joff Wampler</u> Phone <u>574-546-4900</u>				

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.